

## DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 22-100; the proponent agency is TRADOC

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397  
**PRINCIPAL PURPOSE:** To assist leaders in conducting and recording counseling data pertaining to subordinates.  
**ROUTINE USES:** For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.  
**DISCLOSURE:** Disclosure is voluntary.

### PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade	Social Security No.	Date of Counseling
Organization		Name and Title of Counselor	

### PART II - BACKGROUND INFORMATION

**Purpose of Counseling:** (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)

To:

- Welcome (Rank/Name)\_\_\_\_\_ as a member of the team
- Conduct initial counseling
- Encourage open communications
- Provide the soldier the opportunity to surface any issues that have arisen since his/her reception & integration counseling
- Review the reception/integration process (search for ways to improve the process)

### PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

**Key Points of Discussion:**

Job Description:

Appearance: You will maintain the standards outlined in AR 670-1. Take pride in your uniform. Be an example for other soldiers. Remember, first impressions can at times be lasting impressions.

Physical Fitness: I expect you to maintain your physical conditioning. You will ensure that you are capable of passing the APFT and maintaining the standards set forth in AR 600-9. As a soldier, you will be called upon to instruct Physical Fitness training sessions. You will be given ample time to prepare. I will review your training with you prior to your session to ensure that you are prepared.

Formations: You will make all required formations. Should a situation arise in which you cannot attend a formation, ensure that I am notified as soon as possible. Failure to be on time as with all issues will be dealt with according to the severity of the situation. A simple rule to follow is "If you can't be on time, be early."

Conduct and Leadership: Ensure that you always maintain your professionalism. Should a situation arise in which you feel uncomfortable or are confronted with a delicate situation, notify me immediately. Do not become disrespectful or unprofessional with other soldiers. I am here to assist you with any thing that you need. Ensure that you allow me that opportunity.

Discipline: Discipline takes many forms. The true measure of discipline is doing the right thing, even when no one is watching. I expect you to maintain good standards of self-discipline and your military bearing.

Communications: As a soldier it is critical that we communicate effectively. I expect you to be up-front and honest with me, as I will be with you. Some issues will be open for discussion, other will require action. Your views and opinions are important and I expect you to share them with me. We have different approaches and methods. We learn from each other.

Counseling: You will be counseled on a monthly basis. The standard areas will include: positive attributes or accomplishments, areas that need to be sustained, areas that require improvement, upcoming events, promotion potential, and education.

\*\*\*\*\* CONTINUED ON 2ND COUNSELING FORM \*\*\*\*\*

### OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

**Plan of Action:** *(Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)*

\*\*\*\*\* PLAN OF ACTION ON 2ND COUNSELING FORM \*\*\*\*\*

**Session Closing:** *(The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)*

Individual ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

\*\*\*\*\* SIGNATURES ON 2ND COUNSELING FORM \*\*\*\*\*

Signature of Individual \_\_\_\_\_ Date: \_\_\_\_\_

**Leader Responsibilities:** *(Leader's responsibilities in implementing the plan of action.)*

\*\*\*\*\* SIGNATURES ON 2ND COUNSELING FORM \*\*\*\*\*

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

#### PART IV - ASSESSMENT OF THE PLAN OF ACTION

**Assessment:** *(Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)*

Counselor: \_\_\_\_\_ Individual \_\_\_\_\_ Date of \_\_\_\_\_

**Note:** Both the counselor and the individual counseled should retain a record of the counseling.

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### PART II - BACKGROUND INFORMATION

**Purpose of Counseling:** (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)

\*\*\*\*\* CONTINUATION OF INITIAL COUNSELING \*\*\*\*\*

### PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

**Key Points of Discussion:**

Appointments: You will bring appointments to my attention at least 48 hours in advance so that I can plan the work load for the office. Emergencies are understood (they should be the exception, not the rule). Make your appointments and return to duty promptly.

Drugs and Alcohol: I will not tolerate any abuse of drugs or alcohol and neither does the Chain of Command. Don't do it.

Accountability and Responsibility: Always be where you are supposed to be, when you are supposed to be. Accept responsibility for you actions. Do not attempt to blame others or divert attention from an incident. Do not participate in the blame game. It only wastes valuable time and destroys the team. Fix the problem and deal with the failure of responsibility in a professional manner.

Equal Opportunity and Sexual Harassment: I will not tolerate violations in this area and neither does the Chain of Command. If you are made aware of a situation or observe the incident you are charged with the duty and responsibility to report it to the Chain of Command and take the appropriate action. The company Equal Opportunity Representatives are:  
(Rank/Name/Phone Number): \_\_\_\_\_

Education: I encourage all soldiers to take advantage of the educational opportunities within the military. Set your goals and achieve them.

Your expectations: I would like you to take this opportunity to provide me with some information of what you expect from a leader and any issues that you would like to address:


I look forward to serving with you and would greatly appreciate your comments and suggestions. My door is always open. We can achieve much more working together as a team than as individuals. Should you have any questions or problems do not hesitate to contact me day or night. My home phone number is \_\_\_\_\_.

### OTHER INSTRUCTIONS

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**Plan of Action:** *(Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)*

During this counseling session, we have discussed your basic duties and responsibilities, your short term and long term goals, your expectations of a leader and other related areas. During our next counseling session we will discuss your progress toward your short and long term goals.

Short term goals:

Long term goals:

**Session Closing:** *(The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)*

Individual ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual \_\_\_\_\_ Date: \_\_\_\_\_

**Leader Responsibilities:** *(Leader's responsibilities in implementing the plan of action.)*

- Supervisor will ensure that the soldier receives proper training in all areas of job performance and that the training is properly documented.
- Supervisor will provide additional training should it be required.
- Supervisor will ensure that the soldier receives required computer software courses and training to be successful in job
- Supervisor will provide an environment that is conducive to learning and growing

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

#### PART IV - ASSESSMENT OF THE PLAN OF ACTION

**Assessment:** *(Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)*

Counselor: \_\_\_\_\_ Individual \_\_\_\_\_ Date of \_\_\_\_\_

**Note:** Both the counselor and the individual counseled should retain a record of the counseling.